

**PENNSYLVANIA STATE RESOURCE FAMILY ASSOCIATION  
MEMBERSHIP APPLICATION**

*Membership period is from January 1 – December 31*

*Membership Year \_\_\_\_\_*

*Please type or print all information.*

If **Family** Membership:

Name \_\_\_\_\_

Spouse \_\_\_\_\_

If **Agency** Membership:

Agency Name \_\_\_\_\_

Contact \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

**Type of Membership:**      **New**       **Renewal**

**Family (\$25.00)**

**Local FPA (\$25.00)**

**Private Foster Care Agency (\$60.00)**

**Public Foster Care Agency (\$60.00)**

**Supporting (\$30.00)**

Please mail completed form with dues to:

PSRFA  
P.O. Box 60216  
Harrisburg, PA 17106-0216